THE TRAINING SCHOOLS OF THE FUTURE.

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It is one of the marvels and blessings in the progress of the present age that in the time of one generation so great and universal a reform has been brought about as that in the nursing of the sick. It is marvellous also that so good a thing, and one so eagerly accepted, should have waited so long for Florence Nightingale to show the world its need.

The history of all this has become household words; and the purpose of this paper will be, not so much to dwell upon what nursing-reform has already so nobly achieved, but to present the proposition that we are as yet but at the beginning of the grand results of which we may be living witnesses if we will only put our hands to the work in the right way.

There is no longer need of presenting evidence and arguments to show that the trained nurse is essential to a successful hospital, her value to both patient and physician, and the nobility and attractiveness of her calling as a profession for women. It is only seventeen years since general hospital training schools were introduced into this country, almost simultaneously at the Bellevue Hospital, Massachusetts General Hospital, and the New Haven Hospital, following the plan of Miss Nightingale's St. Thomas Hospital School. This should not detract, however, from the great credit due to the New England Hospital for Women: at its foundation in 1863, one of its three chief objects was declared in the by-laws to be "to train nurses for the care of the sick." This hospital actually graduated the first "trained nurses" educated in America. Now there is probably no one of our hospitals of any importance that does not have its training school or is not moved by the question of adopting the

school system. It is only within two or three years, however, that this could be said of a few of the hospitals for the insane; for it is in these hospitals that even now there is but the beginning of as great a reform as has been accomplished in the general hospitals. The claim of the insane is of the strongest kind for the blessing of the intelligent nursing that it is perfectly practicable for them to have. It is the purpose of this paper to emphasize this, and to urge the importance and practicability of training nurses in the hospitals for them, not only for their immediate benefit, but for that of the country at large.

The adoption of the training-school system in the general hospitals of many cities throughout the country has been mentioned. But though the system has been successfully and very usefully extended to the smaller hospitals, now becoming so common in the larger towns, there is still a tendency to think that to the larger hospitals of the great cities belongs the real work of training nurses, while the smaller ones — the town and cottage hospitals — should not aspire to the pretension of having training schools. Here also is a point for the enlightenment of even the professional mind of the country. It is even sometimes said of the schools already successfully established that their work will soon be overdone and the market overstocked with their graduates. The time has passed for pessimistic obstructionists to say, "You cannot find women enough who want to be nurses,"— "They will not find employment when they are trained," — or, worst saying of all, "They will leave your hospitals and asylums as soon as they are trained, and you will get no good from your labor with them."

All such conceptions, that limit the active promotion of this great reform, arise from too narrow a view of its importance and its scope. The simple truth is that, aside from their service in the hospitals, trained nurses are yet so few in number that they are practically luxuries for the well-to-do, in private life. It is a matter of supply and demand. The supply must first create the demand, and, the value of such nurses being made known, then the demand will call forth the adequate supply for the larger needs of the country in general. These reactions of a gradually increasing demand and supply will be accompanied, in due time, by a reduction in the cost of the service of such nurses. This is an important factor in the extension of their usefulness. They ought not only to be as common in every country town and village as physicians are, but there should be many more

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of them. This is the ideal condition to which we should aim; and every hospital in the land, whether large or small, general or special, as for the care of the insane, may educate nurses for its own purposes, and at the same time find its own advantage in supplying the public need of its own vicinity. All the graduates that all can produce may be sent out without overrunning the field for their employment, and the schools in the great hospitals may become largely the normal or higher schools of nursing.

These may seem to be visionary statements: their truth can be shown by a consideration of some of the elements of this great reform now but fairly begun. The movement is still at the stage in which the supply is creating the demand. Comparatively few people in the great population of this country yet have any adequate knowledge of the value of skilled nursing, and the large majority have not the means of obtaining that boon of which they ought to have the benefits. The work of the Boston Directory for Nurses, which is a central point in this regard for all of New England, goes to prove the truth of these statements; and it is of great interest as exemplifying the process of evolution of this beneficent reform. In its existence of eleven years, to September, 1889, the results accomplished by the directory may be represented in gross as follows:* —

Total number of nurses registered in eleven years, ...		969
Total nominally available, September, 1889: —		
Male nurses, ...	84	
Non-graduate female nurses, ...	426	
Graduate female nurses, ...	315	
Masseuses, ...	14	839

The average registration is about 100 per year. The "casualties" of the last of the period of eleven years were 29. The average net increase for several years has been about 50 per year, and the proportional number of trained nurses registered has increased relatively to the untrained. The "casualties," however, for the last year included only two deaths. Other nurses married or left the profession temporarily or permanently for various reasons; but they were not lost to the cause, as they carried their valuable knowledge and experience into domestic and other relations, where they are calculated to be always useful. The annual increment of fifty nurses per year in the directory comes chiefly, of course, from the larger hos-

* Compare article "Nursing Reform for the Insane," *American Journal of Insanity*, October, 1887, by the writer of this paper.

pitals of the vicinity,— the New England Hospital for Women, Massachusetts General Hospital, Boston City Hospital and Lying-in Hospital, and McLean Asylum. The product of all these is about eighty nurses per year. There are also among those registered in the Directory representatives of the general hospitals at Portland, Lowell, Lawrence, Providence, New Bedford, and New Haven, and a few from outside of New England. All of these hospitals, of course, chiefly furnish nurses for their own immediate vicinities. Some of the other new hospitals recently established, or now under construction or projected, in Eastern New England are at Hanover, Concord, Manchester, Portsmouth, Lawrence, Malden, Lynn, Cambridge, Newton, Waltham, Framingham, Worcester, Quincy, Taunton, Woonsocket, and Newport. There are doubtless others, for this list is not pretended to be complete.

The Boston Directory (notwithstanding its increase of business) finds therefore a cessation of calls from all such new centres of self-supply as they become established. Its work of the last year shows the growing preference for trained nurses, of whom 271 were given employment, while only 170 non-graduates were accepted by applicants for nurses. Only five men were found employment during the year. Some further indications are most significant. The rate paid to trained female nurses was in the first years quite uniformly $15 per week, with somewhat more for nursing male patients. Three years ago it was thought that the increasing supply would soon lower the rates; but, on the contrary, a common charge is now $21 and $25 per week by experienced nurses, and the former rate is largely limited to recent graduates or the untrained. Male nurses commonly receive $4 and $5 per day. These figures sustain the statement that in New England the demand is increasing faster than the supply, and the hospital trained nurse is still a luxury really beyond the means of the great masses of people. There ought to be more nurses, and good ones should be had at much less cost. It is estimated that in Great Britain there are fifteen thousand to twenty thousand trained nurses in the profession, and it is no bar to their continued production by the hospitals. When will America be supplied in like proportion?

Let us now consider the future of the profession of nursing. Its usefulness, as already demonstrated, indicates what it may be when there is a general diffusion of its services throughout the country. Let it be supposed that the ideal conditions to which we should aim

have been attained,— it may be more than one generation hereafter, — and that intelligent and skilled nursing is available for all the sick. We may consider first what will be the nature of its benefits, and next how they are to be attained.

The value of an intelligent, instructed nurse is now too obvious to need statement here. Every physician who knows about it would be glad to have such nursing for every one of his patients, poor as well as rich. Should such a condition of things ever come about, it would mean that commonly throughout the country there will be nurses practising their profession as such, there will be married women who have had special training as nurses, there will be single women whose home duties have called them away from the active practice in the larger towns of the profession in which they are skilled, and they will be the neighborhood nurses. It goes without saying that the cause of preventive medicine will thus be advanced most effectively beyond anything we can now conceive, not only in general hygiene, but in all that pertains to the early recognition of disease in general medicine, and as well of the requirements in mental hygiene and the protection, care, and treatment of the insane. Does this picture of a future Utopia appear more impossible of realization than it would have seemed for our fathers, in the first half of the present century, to have been told of what Florence Nightingale's reform has already done for us? Certainly, these considerations show that there will be ample room for a general diffusion of all knowledge that training in nursing implies. This is the very reason for being of the Emergency and Hygiene Associations, that are so zealously beginning their work in the instruction of the general public. All these efforts are calculated to do great good, and should be fostered in every way. They reach, along their own peculiar lines, results that cannot otherwise be attained. They educate the people to see the need of education in such matters. Every such movement will find its true province in the later adjustments that must come of the relations of all the newly organized forces that are working for the general good.

Having set forth the possible benefits that may be hoped for, it must now be shown how they are likely to be attained. The elements of the problem must first be considered. Of course the methods of procedure, in the future progress of the reform, must be an evolution from and an improvement upon what has already been done. A study of these results and the processes by which they have been gained reveals two fundamental principles essential to

practical success. It is rather that these principles have had room to work freely than that they have been fully recognized. They are: (1) The giving to the nurse sufficient knowledge of disease to teach her what to do, and thereby arousing the professional spirit and giving intelligent play to the sympathetic feelings of the woman. (2) The stimulation of a wholesome self-interest, by showing that in a respectable and philanthropic calling she may honorably support herself and get means to help those dear to her, as is her duty. The progress of the reform, in a material degree, has been dependent upon this natural element of self-help in human nature and our social conditions.

Now, any hope that we may have of furthering this reform and enlarging its scope must depend upon our recognition and careful observance of these two principles. We may make use of them to attain philanthropic ends. We may accept self-sacrifice in a good cause and the exercise of the missionary spirit, when they come to our aid; and we do find both of these wonderfully developed, incidentally to the *business* of nursing the sick and the insane. We may stimulate and exalt to a great degree in some persons the altruistic element in this professional service, but this philanthropy must be worked by human instruments that must live. From the foregoing considerations it follows therefore that, if we would have intelligent and proper service for the sick in any hospital or anywhere, it must be by instructing intelligence in the special work. Almost everybody knows this well enough now. But, moreover, we must see to it that to every individual so employed there must be held up the possibility of gaining something desirable beyond the doing of the service we ask: there must be a forecast of a profitable or satisfactory self-supporting occupation. This is the principle that is not yet sufficiently recognized. So far in the history of nursing-reform the two principles stated have really had free play and effect,— admitting, of course, the pure philanthropy of those who have had to inaugurate and conduct the organizations through which alone systematic instruction can be given to those who are to render the personal services required by this profession. The facts of the inducements of lucrative work and personal credit have been the potent forces that have given the reform its vitality and its momentum. Philanthropy is best gaining its ends by making use of these inducements. It is entirely right that these motive influences should continue to operate, and that the highly trained nurses of the great hospitals should mainly serve the

wealthier classes and be well paid for such service, or become teachers of others and be well rewarded for their especially skilled labors. The missionary spirit abounds among them in a due degree, it is true, and finds its fields in continued hospital service, in district-nursing, and the like; but there is no law nor sentiment by which skilled nurses may be required to abate anything of their wage-earning power in performing poorly rewarded labor, from a professional point of view. We may ask them to give as we give. For sweet charity's sake they do much: let no one say anything in qualification of this. But, as a practical business matter, we must provide otherwise for that greater part of the world's nursing which can only be had when afforded at a moderate cost to those who receive the service, and by those who give it. There is no derogation, in these statements, of the nobility of the profession of nursing. Let us claim for it the same kind of nobility that is accorded to the medical profession. Let both professions make their own living. Those who are engaged in promoting charitable works will greatly magnify the results they gain, by as much as they contrive to make those results incidental to the labors of a self-supporting calling. The physician finds his school in the hospital and the dispensary district, and gives nobly of his services to the poor. May not the nurse so combine her schooling and charity-giving?

A broad estimate might be made, by way of illustration, of the proportional relations between the different kinds of nursing service which are required in the broad field that waits for it, based upon the differences of training, of compensation, and of ability of people to pay. It might be said that one-tenth of all the future nursing will be done for the wealthy classes by nurses trained in the great hospitals; two-tenths will be done for the poor within the hospitals; and two-tenths will be done for the poor in dispensary and district work. The remaining five-tenths will have to be done at moderate rates, and chiefly by nurses trained in the small hospitals, or otherwise. This training must be done largely in the country towns, in the presence of, and in exact adaptation to, the work and the conditions under which it is to be done. The first three-tenths, including the well-to-do and the poor in hospitals, according to this enumeration, will be sufficiently well provided for by the present established systems in the great hospitals. The district charity or dispensary service must have greatly enlarged and more effective methods to accomplish the work that lies before it. In fact, this work has only yet been

tentatively attempted. There remains the large field of city nursing at moderate cost, and that in the country districts, for which there will be necessary larger sources of supply. There must be a special evolution of methods, of which there has not been until recently any adequate conception.

It has been set forth as one of the main propositions of this present writing that by far the larger part of the field to be covered by this eminently philanthropic, life-saving, disease-preventing reform has as yet received no proper recognition, the importance of which it is desired here to emphasize. Now, this discussion comes to the chief point of our inquiry, as to how we may conceive it possible to accomplish practically, without too great labor and cost, the raising up of a self-supporting nursing force for the general service of the country at large. There have now been established in America, with the proof of demonstration, the beginnings of two movements destined to have a large influence in working out the extensive results here pictured as so desirable. These two methods are shown to be ready at our hands for the practical carrying on of this great purpose, on a larger and more effective scale than ever before, with the incidental accomplishment of the strictly charitable work of nursing the poor that it is found so difficult to establish. These two methods are: —

1. A distinctly new system of training in general nursing.

2. The great work of training nurses of which the hospitals for the insane are easily capable.

1. The new system of training nurses may now be considered. The general extension of the present school system, even as it is put in practice in New England with all its hospitals, as has been described, cannot supply the great field of common nursing, so to speak, that has its strongest claims upon the general physicians, who practise among the poor or those of moderate means, either in town or country. To discover a system of training nurses for this service that will even only largely aid in accomplishing the important results so much to be desired is to make an epoch in the evolution of modern progress. It is inspiring to recognize the fact that such a discovery has been made and its value demonstrated within the last five years. It has been admirably described as "A New Way of Training Nurses" in a little book bearing that title,* by Alfred

* Published in Boston. Cupples & Hurd. 1888.

Worcester, M.D., to whom the credit is due of devising and inaugurating the system in the Waltham Training School for Nurses, at Waltham, Mass. The great merits of the system are its simplicity, ease of organization, elasticity of adaptation to large or small requirements, effectiveness, and the fact that it can be put into operation in any large or small city or town of a few thousand inhabitants, where a few physicians will co-operate in giving the required lectures. Above all, *it is unique in that it needs no hospital as a foundation*, while yet it may be an adjunct and an aid to the support of one; *and in that it is self-supporting*, or even more than that, under favorable circumstances. The poor of the community are nursed without charge or at very low rates; the well-to-do have nursing as good as any; night watchers and day nurses, by the hour, day, or week, can be furnished on call for all the country round. If any one be sceptical as to any part of this, let him read the book and visit Waltham,— it is the only place in the world where such a thing can be seen,— and the truth of all that is here said of it will be accepted.

The history of this School is most interesting and instructive. Every one interested in these matters should read Dr. Worcester's entertaining book, noting that the most telling results have come to pass in the two years since it was published. He had been familiar with good nursing, and knew by experience how to teach ordinary young women to be excellent lying-in nurses.* This caused an intensification of some trying experiences with the old-style nurse. He conceived it to be the "physician's duty not only to give proper directions for the management of every patient under his charge, but also to see that his orders are intelligently obeyed." "There is no excuse," he says, "in the fact that trusty agents are not at his hand, for it is his business to provide them; and, until he can be sure of intelligent, faithful nursing service, he must not undertake the management of more cases of sickness than he can in person superintend." This is a high conception of a physician's responsibility, but it determined the effort to have instructed nurses in all cases. But only the rich could afford the city-trained nurse, and Dr. Worcester's problem was "to demonstrate the way in which the supply of trained nurses can be so increased that their services may be had in every village of the land." His conclusion was that, "in the smaller towns and villages, the physicians, if they desire the great advantages of this new dispen-

* "Monthly Nursing." Lectures given to nurses at the Boston Lying-in Hospital. By A. Worcester, M.D. Boston, 1886.

sation, *must train their own nurses*." He believed that "there would be no trouble in finding young and strong women well fitted and eager for such training." There was no hospital in Waltham; but interest was aroused, a plan adopted, and a school organized with seven pupils in 1885, the method being "based upon the facts, first, that nurses can be well trained in private practice outside of hospital walls; and, second, that excellent service is given by the student-nurses during their course of training." It was a recourse to the old way of training physicians by accompanying their preceptors in their general practice, except that by this method the nurses can be trained in all they need to know.

The responsibility of the School was assumed by the lady managers. Some money was raised by donations for the first expenses. Rooms were obtained for a headquarters, where the nurses could board when not on duty, and go to receive their daily instruction at the regular afternoon lesson hour. A trained nurse was employed to be superintendent, to manage the School, conduct class exercises, and visit particular cases, when need be, where the student-nurses were employed. A two years' course of instruction was prescribed. Brief courses of lectures were given by a few physicians. The student-nurses of the first year did service gratuitously or for small compensation for the patients of these physicians. The second year students were sent out upon the call of any physician, as in some of the general hospitals. And the School prospered,— unlike many other reforms, paying its own way.

The charge for student nurses of the first year is $1.25 per day, or $7 per week, and board; of the second year, $1.50 per day, or $10 per week. When it is not convenient for the family to furnish board, it is provided at the School at an additional charge of fifty cents per day. The School pays the pupils $9 and $12 per month for the first and second years respectively, and is supported by the income, with a balance of profit. The donations for the first year amounted to $233; for the last of the five years, $55. The expenses of the first year were $1,051; for the last year, $4,952. The earnings for the first year were $888; for the last year, $5,748. There is now a balance in the treasury of over $1,000. The School occupies a dormitory building, with class-room, and pays an annual rental; but the building has been completely furnished by the School, at an expense exceeding the entire amount of the donations. Dr. Worcester writes: "The total of donations is less than the outlay in permanent fittings;

and, after the end of the second year, the yearly donations amounted to less than the balance carried forward to the School's credit. Indeed, after the second year, they came, in spite of our protest that we needed nothing; but the donors insisted on continuing the charity we originally asked for. Instead of asking for money outright, we asked for money for charity nursing; that is, we asked Mrs. S. to give to the nursing of Mrs. B., and so on. Now we can do all of the charity nursing without extra help, our earnings being so largely in excess of our expenses." From this it appears possible to establish such a school by making an investment in the plant, and having it repaid in a few years; but of course it is best to organize in a small way upon donations, and incur no debts.

The School has graduated three classes of nurses,— a total of twenty-five; and there are as many more now engaged in the work as pupils. Some of these graduates have continued in its service for a time, and, with the student-nurses, have done a large amount of work in all the country round, at the rates before stated, together with a great deal of charity work, whenever or wherever it was needed, on the call of any one of the physicians of the School. Their especial training in home-nursing makes these nurses especially acceptable to families and physicians. They say, "Better nurses cannot be found." It is an inspiration to witness their love of work among the poor. The amount of the service the School has rendered is indicated by the record of the employment of the nurses. In the first year, it was 1,027 days; in the last of the five years, 5,378 days, or 78 per cent. of all the days for which there were nurses ready for service. The demand for these nurses is rapidly increasing in the towns about Waltham. At the Boston Directory is noted an absence of calls from this section. The class of the coming year is to be of twenty pupils,— nearly double the number of any previous year. A very significant circumstance is the fact that a number of the graduate nurses have been most acceptably employed in some of the small hospitals of this section of the State as being well-qualified nurses. Another significant fact is in proof of the statements here made as to the demand for such nurses. The earlier graduates of this School now command the higher compensation equal to that received by the city-trained nurses. This is good. It stimulates the progress of the cause.

A small hospital is an outgrowth of these conditions; but it is an independent establishment, and pays the School for the service of

those nurses it employs at cost, and at the same time it furnishes a valuable adjunct to the means of training. But the success of the School was established without the hospital.

While this system includes the method of outside pay service adopted by some of the general hospitals in the second of their school years, and while it is practised to some extent by the "Deaconess Houses," or orders of nursing sisterhoods, where there are limitations to expansion, it is obvious that an underlying principle has here an original and unique application. It is the principle of the conservation of values: the knowledge of the physician has a value; this is multiplied by imparting it to a class of nurses; they turn it into money in a ready market plus a large amount of gratuitous nursing service enjoyed not only by those unable to pay for it, but also by the physicians and their families; the money earned pays the expenses of the establishment. Putting together the first and last terms in this sequence of elements of the system, the lady managers, giving freely of their time and effort, get their rich return in the large amount of charity nursing accomplished; the physicians for a little time and effort are repaid many times over by the better nursing of their patients; the nurses pay for their education by giving their time and service, and, when all is done, they have a self-supporting profession; the public has brought within its reach and means good nursing, for which it is glad to pay.

It is easy to see how a small hospital can make profit to itself and fulfil a plain duty to its surrounding community by adapting this plan to its own needs. But, if a school is to be attempted in such a hospital, it should have a competent and well-paid head, who is capable of overcoming the narrow limitations of the field of instruction. By using the Waltham plan there will be a greater variety of practical work, and the teaching may be so developed as to turn out really educated nurses. Then more women will be trained, more nursing will be done for the public that supports the hospital, and more interest will be taken in it because of the greater good received from it. In a section of a large city, such a school for "teaching nurses in private practice," or "home-nursing," may be established. A prime point is not to proclaim its object as charity nursing,—that would repel the people who like to pay and from whom the school must get its support: the charity work will be done *incidentally*,—it will actually be wanted as largely the basis of the teaching. The organizations for "District Nursing" may find their

field and their usefulness enlarged by turning their attention directly to the training of nurses *by means of their charity work.* The Visiting Nurse Society of Philadelphia is making an interesting adaptation of this system.

The population of Waltham was, in 1888, about 16,000. It is evident that in a smaller town this training-school system would work successfully on a smaller scale. There is enough in the experience of the Waltham School to show that there would be a ready absorption of a large amount of nursing work under similar conditions. Even there, five years ago, there was at first little faith, other than Dr. Worcester's, that there was any place for such work there. The Waltham system has demonstrated itself as an admirable and efficient contribution to the urgent needs of the time.

Large credit and gratitude are due, and will in time be abundantly given, to Dr. Worcester for his happy inspiration, to the lady managers who have done so much to aid in working out the plan of the School so that others have only to follow their leading, and to Miss Hackett, its superintendent, who has largely shared in making it successful.

2. It remains to speak briefly of the claim of the public, in the country at large, upon the hospitals for the insane for the great work of which they are capable. The general adoption of the Waltham system, for training in "Home" and "Visiting Nursing," easy as it is to organize, now that the way is shown, depends still upon the voluntary efforts of wide-awake people in all the eligible localities throughout the whole land. It would be long waiting in some parts of our great country for this New England notion to become pervasive. But the hospitals for the insane are well-organized establishments, and well distributed among the population of the various States. There is no one thing that could now be done in regard to them that will yield so much direct benefit to the patients, profit to the hospitals in furthering their prime purpose of curing the sick, and benefit to the State in promoting the welfare of its citizens by the diffusion among them of this education, as the establishment of such schools in all such hospitals. They would be educational, in the strictest sense of the word. As a means of mental training of the young men and women in regular class recitations, in the taking down and writing out of notes of lectures and of original reports of cases, and in the acquirement of useful knowledge, such schools are like high schools. They have the claim of industrial schools: they

would give special training, not only in a useful business, but one that has a special economic value to the State in the prevention of disease, besides the amelioration and abbreviation of disease. They have also the claim of normal schools: they would produce the teachers for smaller local schools, besides diffusing instruction upon the most vital matters. They are entitled to the fostering care and support of the State. But this need not be directly claimed: the insane in the hospitals are entitled to the benefits that modern enlightenment in these matters brings. The State has a right to such returns for money spent upon its hospitals; but let it be liberal to the nursing service. The added expense of schools in such hospitals is relatively very small: it would be money well spent if the expense were much greater than it need be to introduce and carry on this reform. It makes a true hospital of every asylum in which such training of nurses is done. The medical staff that joins in the teaching is directly benefited and made more efficient by such a duty. He who teaches learns.

General nursing can be well taught in hospitals for the insane: that is proved by the last eight years' work of the McLean Asylum Training School for Nurses, with its 92 graduates, including 20 men, representing some of the earliest work in the training of male nurses. The annual product will hereafter be 20 to 30 nurses; ten or twelve of these each year will be men. The graduates of the McLean Asylum School have acquitted themselves well in general nursing in private families, in competition with the highly trained nurses of the city schools.

In the establishment of Asylum Schools, the two fundamental principles should never be forgotten: —

1. The nurses should be given a full course of didactic instruction in general nursing, and as much as possible of practical work. It is remarkable how effective a use can be made of the conditions of an asylum truly hospitalized. The truth is that a large, well-organized asylum has some positive advantages in this regard over the small general hospital.

2. The plan of training should include the intention of making the pupils successful in private nursing among the people from whom they come. Even in a population with limited means, the people will attach a special value to the service of the instructed nurse; and her knowledge will thereby increase her power of self-support relatively to that of other members of the community in which she lives.

The question of thoroughness of training is a most important one. No disregard of that should be implied by this advocating of such variations in the plans of conducting schools. The Waltham method is good *because* its work is so thorough and earnest that it is a model for its purpose. Every large asylum for the insane, with its considerable population long resident, has its hospital cases. With a proper organization of a school and the development of the "hospital idea," the charge that the training in it is "one-sided" cannot be sustained. There is bodily nursing enough to instruct the nurses well in its technique. But, above all things, let nothing be called a "school" unless it is thoroughly organized and gives a full course, amplifying the didactic, if there is any lack of practical instruction. There is one other point that demands broad-minded consideration. In standing up for the "profession" of nursing, it should be remembered that its work cannot be limited to "professionals," as should be the practice of medicine: it is more of an art and less of a science. Let all teachers master its scientific side, if desirable; but the art of nursing consists largely of what every mother of a family, every woman, should know. The great schools will claim no monopoly of this knowledge: it must be brought down to the people for whom its attainment is most difficult, whose need must longest wait. There is an element of common education in it, and there should be "common schools" in nursing as well as "academies"; and there is the highest need of the "university" training of their teachers. It should be remembered also that there is such a thing as overtraining women for the common nursing,—this will never be done by the relatively few that can be highly trained. The more the people are trained to know of these things, the more will they appreciate and exalt in their esteem the skilled professional nurse. Any question of the granting of diplomas can be settled as we go along. The schools we must have.

The coming of this new dispensation imposes higher obligations upon the medical profession everywhere. Now that there is shown to be a way to provide "trusty agents," the physician's duty is plainly greater "to see that his orders are intelligently obeyed," as Dr. Worcester declares. It is plain, too, that physicians, in the greater part, must "train their own nurses"; and it is shown that they can do it. The country will absorb all such knowledge that can be given, and all the trained service that can be produced by the two new methods here advocated. The conditions to be met may be illus-

trated by a circumstance that has recently come to the writer's knowledge. In the western part of a large Southern State on the Atlantic coast there is a considerable section of the country in which the only woman who is regarded and valued as having any qualification as a nurse is one who was for a time an attendant in the State Hospital for the Insane. It is obvious, in regard to her, that good training, such as is to be given under the new dispensation now beginning, would have greatly enlarged the usefulness and acceptability of this nurse. A like neighboring section of the same country has furnished a pupil of the best capacity to a Northern Asylum School for Nurses, from which she may return to be a great blessing to her native State if the opportunity is but given her,— perhaps in a hospital school. Such wide fields lie open and waiting in every State, where there may be an uplifting of the cause of humanity, and of the scientific treatment of the sick and the insane, through the inspiration that will surely flow from the influence of this great reform. It is a reform not limited in its deepening and broadening influence to the service of nursing the sick, noble as that may be: it puts into the hands of physicians a new order of instruments,— intelligent and thinking,— that teach their users. The spirit of humanity to man has been given a new embodiment.

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